



a private gaze
even though he
was built to see
the world this
way, he was also
built to
disregard, to be
free of the way
he was built
to see the world

- Leonard Cohen



Global Health Ethics

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Of the ~6000 languages spoken in the world in the middle of the 20th century, fully half are either already extinct or are no longer being taught to children.

Every two weeks someone who is the last speaker of a language and the last carrier of its culture dies.

This accelerating loss of diversity does not simply make for a less colourful world.

It narrows the range of humanity's adaptive possibilities precisely at a time when our most politically & technologically dominant cultural paradigms are proving to be increasingly unsustainable.

“It is not change and technology that threaten ... it is power... these are not cultures destined to fade away, these are dynamic living peoples being driven out of existence by identifiable forces that are beyond their capacity to adapt to.”

- Wade Davis

ways of seeing

discomfort leads to *insight*

more about
refining questions & approach
than answers

“interactive”

adj. being manipulated into coming up with the speaker's opinion
in such a way that you believe it to be your own

We have come to believe that many
traditional methods of
helping
are potentially
unethical & destructive.

Negative impacts are often grossly underestimated. We
need a more honest & accurate sense of the overall
balance.



How much **education** have you received
in global health?
formal/informal

< none

tons >

How clear is the term
‘global health ethics’?

< as mud

as a mountain stream >

Have you worked or volunteered **abroad**
in ‘global health’?

< Never

Very, very often >

Have you worked or volunteered
domestically in 'global health'?
(in Canada)

< Never

Very often >

In your work (here and abroad),
how often did you **encounter** issues of
‘global health ethics’?

< never

all the time >

In general, how comfortable are you in
knowing that your work has
positive impact?

< I have no idea

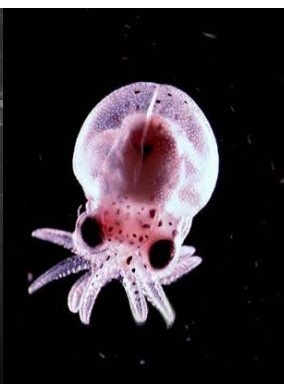
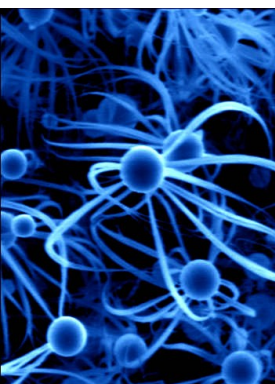
Fairly certain >

~ What **motivates** us to help? What is our **relationship** to the persons and populations we are trying to help? How do they see us? Can we overcome the immense **distances** created by culture, gender, age, material wealth and political power? Are we *just* **tourists**? Would that be a bad thing?

~ What are our personal motivations to engage in **global health research**? Why do we ask the research **questions** we do? Who do the answers (and publications) benefit?

~ What are the **world views & assumptions** implicit in our use of terms like *development, poverty, sustainability, aid* etc...? Once exposed, are we still willing to uphold their implications? Are we, as young, energetic, talented but inexperienced people acting as the **agents of process we do not sufficiently understand**? Are we supporting the aspirations of other peoples towards our own **environmentally destructive & unsustainable life styles & institutions**?

~ What does **cultural sensitivity** mean in practice? Polite respect for the amusing but dispensable quaintness of other cultures? How do we go about understanding the suffering and needs of those with vastly different views of the world? How do we know **what health means** for them? What are the potential risks of our presence & activities in light of our uncertainty & ignorance? Are they likely to be outweighed by the benefits? How do we make an educated guess?



Global Health \neq International Projects

Global Health = International Projects

Going There

Important (though not necessary)...
*definitely for our **education** if debatable for direct impact*

But ...
the **impacts** of our presence can be
positive & **negative**
uncertain in many ways
but also

Not beyond the reach of all reason & analysis

How we **conduct** ourselves
what **attitudes & self knowledge** we take with us

Projects in Other (*“poorer”/“developing”/“under-resourced”*) Countries

Very brief reminder of
Historical Precedents

Real-life **Case** Study



Case Study: Background



Based at one of the largest universities in Canada.

Excellent reputation, cited as **model** global health program for other universities.

Project described above is one of several run by the centre and has been running for **5-years**.

Described by the centre's director as “**the most organized program**” of the centre.

Case Study



You read in an organization's annual report ...

... **exciting** year ... many **new** programs ... with a view to development well into the future.

... ongoing **research** ... intensive water quality assessment, **Health Equity** ... initiation of the Most Vulnerable Family List program ... research into **disabilities** and ... impact in the region ... **medical and undergraduate research** ... oral health, public vs. private **health care systems**, and **TB** knowledge, attitudes and practices ...

areas of focus ... expanding the water quality project ... The Most Vulnerable Family project ... a view to expansion ... provide fair and equitable access to government health services for the poor and vulnerable populations ... close collaboration with the local Governor's office ... trained various levels of government all the way down to village working groups to keep this process fair, open, transparent and equitable for all parties ... well received by the population at large ... identification of families ... eligible for assisted health care ... new and exciting process in equity and empowerment, with a social service aspect to the work ... which truly helps the individuals of the entire community at a fundamental level



... continues to strive towards excellence in research and interaction with [local residents] and service providers in order to assist the people ... have expanded medical education into 2 hospitals ... introduction of resident rotations... unique in that the current... medical education [system] does not have such postgraduate positions.

... direct patient services ... Outreach clinics ... intention of enhancing the current national health service program, assisting in education of the health professionals in the region ... empowering the public about their health issues ... increasing the confidence and ability of the National Health Service.



Impressions? Questions?

“... exciting year ... many new programs ... with view to development well into the future.

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Case Study: Promises

Two Memoranda of “Understanding” (2003 & 2005) with the county's government, committing the centre to **implementing a primary care system** in one of the poorest provinces.

Students on short-term projects to gather epidemiological and program evaluation data to monitor progress and determine need.



Case Study: Track Record

After five years ...

... no additional primary care services offered

... other services & organizations diverted from area because of the perception that it was being served by this Centre.

... Small local hospital & health centres still has no electricity, clean running water, or any increased ability in managing women hemorrhaging during labour. This is one of the most publicized and well researched causes of mortality and morbidity in the area.

...As of the past year the hospital has electricity through the government.

Case Study: Track Record

~40 research reports, 1 refereed publication. No reports translated into the local language or French.

Many projects had no Ethics approval from Canada or host country. This has been changed since last year.

Most projects designed / conducted by students with little experience, minimal / no faculty supervision;
Much of the data essentially unusable.

~7 of the reports present high quality & novel data.

No recommendations have been implemented.

Other organizations associated with group have cut off contact.

Local officials have threatened to dismiss the organization.

Case Study: Impact

It's possible to be **less than ineffective**...

After five years ...

Deep distrust of outsiders; The general (and evidence-based) attitude that most foreigners came, asked **lots of** questions, filled surveys, sat on the beach, ate seafood, left, and were never seen again.

Development of a reaction system in the community ... **selecting** for some of the most unscrupulous (and relatively well-off) individuals in the community to set-up operations to **counter-exploit** foreigners within their range of activities. Some of these gains occasionally benefit the community. Encouraging **corruption**.

Significant inflation, in particular effecting land and food prices (1000% increase in land prices in 3-years).

Case Study: Impact

an **extreme** example?

impressions?

would you ask **different questions**
now when looking at a project?

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[2] What are our personal motivations to engage in **global health research**? Why do we ask the research **questions** we do? Who do the answers (and publications) benefit?

[3] What are the **world views & assumptions** implicit in our use of terms like *development, poverty, sustainability, aid* etc...? Once exposed, are we still willing to uphold their implications? Are we, as young, energetic, talented but inexperienced people acting as the **agents of process we do not sufficiently understand**? Are we supporting the aspirations of other peoples towards our own **environmentally destructive & unsustainable life styles & institutions**?

[4] What does **cultural sensitivity** mean in practice? Polite respect for the amusing but dispensable quaintness of other cultures? How do we go about understanding the suffering and needs of those with vastly different views of the world? How do we know **what health means** for them? What are the potential risks of our presence & activities in light of our uncertainty & ignorance? Are they likely to be outweighed by the benefits? How do we make an educated guess?

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Important (though not necessary)...
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the **impacts** of our presence can be positive & negative
uncertain in many ways, difficult to evaluate
but also

Not beyond the reach of all reason & analysis

How we **conduct** ourselves
what **attitudes & self knowledge** we take with us

The power of discomfort

What **motivates** us to help?

What is our **relationship** to the individuals
& populations we are trying to help?
How do they see us?

Can we overcome the immense **distances**
created by **culture**, **gender**, **age**, **material**
wealth & political power?

Are we *just* **tourists**?
Would that be a bad thing?



Research Ethics

How is conducting research in **LMIC** different from in Canada?

What constitutes **ethical research design** in this context?

What is the impact of my *outsider status* on my design & interpretation of my study?

How can I achieve my **personal goals** (collecting enough data for thesis) in the face of **challenges in the field**?

What is *informed consent* in this context?

Can research partnerships with LMIC colleagues ever really be **equitable**?

If my fieldwork lasts only three months, how can I build a **sustainable partnership**?

Who benefits from my research?

What do I do with my **results**?

Research Ethics Resources

The Nuffield Council on Bioethics

The International Development Research
Centre

IDRC Research Matters

Canadian Coalition for Global Health
Research

The Global Forum for Health Research

What are the **world views** & **assumptions** implicit in our use of terms like *development*, *poverty*, *sustainability*, *aid* etc...? Once exposed, are we still willing to uphold their implications?

Are we (young, energetic, talented, beautiful but inexperienced people) acting as the **agents of processes we do not sufficiently understand**?

Are we supporting the aspirations of other peoples towards our own **environmentally destructive & unsustainable** life styles & institutions?



What does **cultural sensitivity** mean in practice? *Polite respect for the amusing but dispensable quaintness of other cultures?*

How do we go about understanding the **suffering & needs** of those with vastly different views of the world?

How do we know what **health** means for them? How do they understand **illness & death**?

What are the potential **risks of our presence & activities** in light of our **uncertainty & ignorance**? Are they likely to be outweighed by the benefits? How do we make an educated guess?

Development

... even those of us sympathetic to the plight of indigenous people view them as quaint and colourful but somehow reduced to the margins of history as the “**real world,**” meaning our world, moves on. Well the truth is, the 20th century, 300 years from now, is not going to be remembered for its wars or technical innovations, but rather as the **era in which we stood by and either actively endorsed or passively accepted the massive destruction of biological and cultural diversity on the planet.**

The problem isn't change. All cultures, through all time, have constantly been engaged in a dance with new possibilities of life. And **the problem is not technology itself.** The Sioux Indians did not stop being Sioux when they gave up the bow and arrow any more than an American stopped being an American when he gave up the horse and buggy.

Genocide, the physical extinction of a people is universally condemned but ethnocide, the destruction of a people's way of life is not only not condemned it is universally, in many quarters, celebrated as part of the development strategy.

Development

... These are not dying peoples ... the world is not flat, the world remains a rich tapestry ... a rich topography of the spirit. These myriad voices of humanity are not failed attempts at being you, failed attempts at being modern, they are unique facets of the human imagination, they are unique answers to a fundamental question: what does it mean to be human and alive? and when asked that questions they respond with 6000 different voices and collectively those voices become our human repertoire for dealing with the challenges that will confront us... Our industrial society is scarcely 300 years old. That shallow history should not suggest to anyone that we have all the answers to all the questions that will confront us in the ensuing millennia.

- Wade Davis

Global Health ... Poverty ... Development ... Sustainability ...

Low & Middle Income ... North/South Divide ...

Participation ... Capacity Building ... Participation ...

these rich terms are manifestations of
ways of framing the world*, deciding
what is relevant and what is irrelevant,
what is desirable and what is abhorrent,
what is advanced and what is backwards,
the direction of the arrow of progress

Implicit in every use of these terms are
values & assumptions in need of examination.

** or “paradigm” or “world view” or “way of seeing” ...*

Categories & Distinctions

Categories imply a very strong **relevance** judgment.

What is the implied relevance judgment behind terms like

Low & Middle Income

Developing / Developed

North / South

Rich / Poor

...



Sustainable Aid

You find a stranger who is cold, shivering. You can give him a match and he might be warmed for a few seconds; set him on fire and he will be warm for the rest of his life.

- Anonymous

space

time

culture

language

Distance

gender

age

wealth

power

...

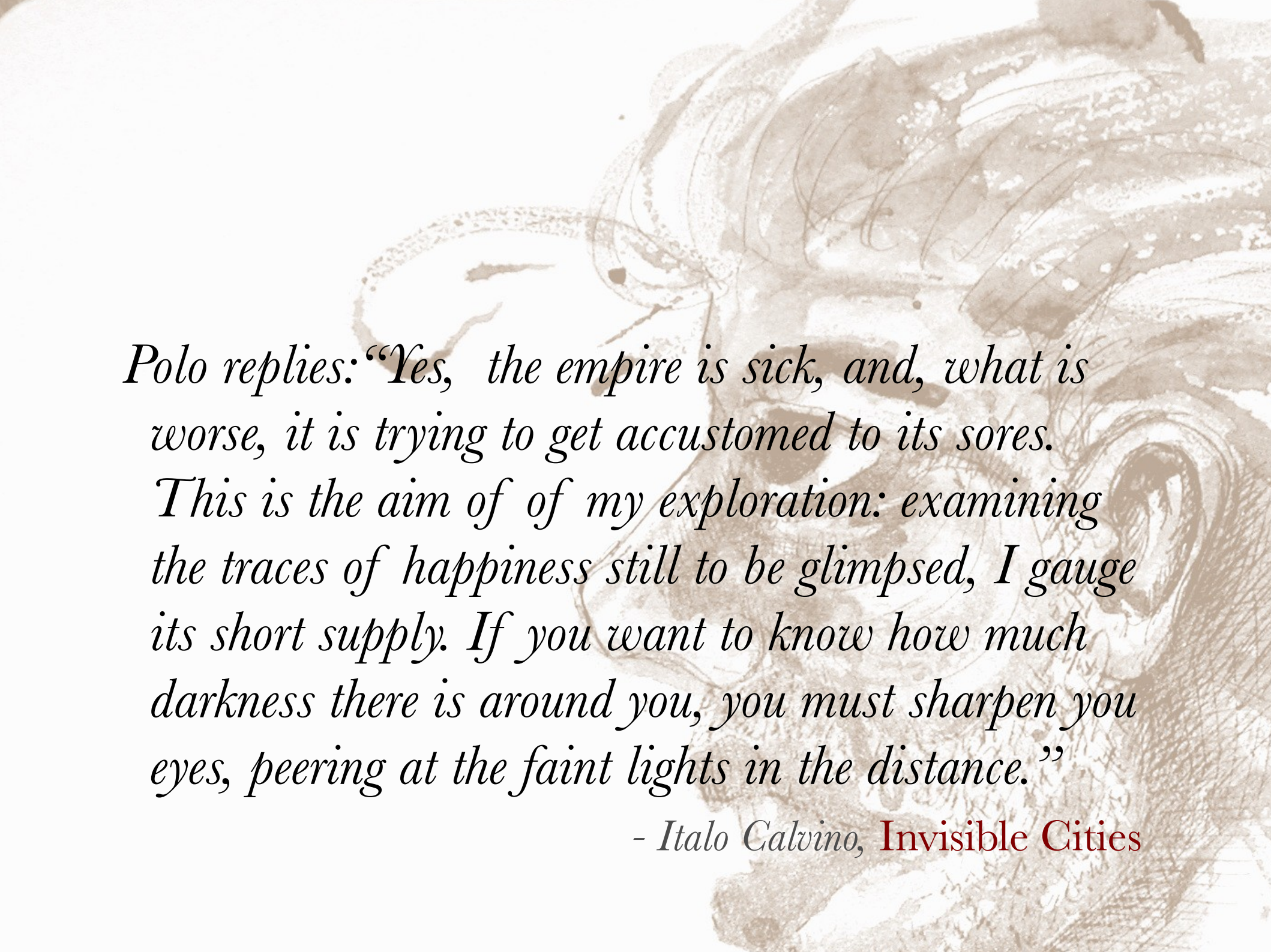


Helping

It wasn't long before sunrise when we headed towards our own nests, not quite disgracefully and not quite with grace. Long and joyous night. We wondered whether any of us would remember much of it. In our state of insobriety we passed a man, more coherent than ourselves, asking for spare change. He was handed a few coins by one of us. The culprit was duly chastised by the rest. What if he spends it on drink? we kindly asked our friend. Do you not see that what he needs is *real* help not the help he was asking for?



“... I know well that my empire is rotting like a corpse in a swamp, whose contagion infects the crows peck it as well as the bamboo that grows, fertilized by its humors. Why do you not speak to me of this? Why do you lie to the emperor of the Tartars, foreigner?”



Polo replies: “Yes, the empire is sick, and, what is worse, it is trying to get accustomed to its sores. This is the aim of my exploration: examining the traces of happiness still to be glimpsed, I gauge its short supply. If you want to know how much darkness there is around you, you must sharpen your eyes, peering at the faint lights in the distance.”

*- Italo Calvino, **Invisible Cities***

Hope

Avoiding a dedicated & careful analysis of what is destructive, dark, unpleasant is not **hope**, it is the worst form of **cynicism**.

If you ignore darkness you will never understand light.

Just as **courage** cannot exist without **fear**, **hope** is meaningless without a deep awareness of forces that oppose it.

Being hopeful is **not a blissful state of being** that is found. It is a rich, productive **struggle that we choose** to create, a commitment we make to face the threats to our values.

























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